

WSES consensus conference : Guidelines for firstline management of intra-abdominal infections

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2011

Sartelli , M , Viale , P , Koike , K , Pea , F , Tumietto , F , van Goor , H , Guercioni , G , Nespoli , A , Tranà , C , Catena , F , Ansaloni , L , Leppäniemi , A , Biffl , W , Moore , F A , Poggetti , R , Pinna , A D & Moore , E E 2011 , ' WSES consensus conference : Guidelines for firstline management of intra-abdominal infections ' , World journal of emergency surgery , vol. 6 , 2 . <https://doi.org/10.1186/1749-7922-6-2>

<http://hdl.handle.net/10138/163978>

<https://doi.org/10.1186/1749-7922-6-2>

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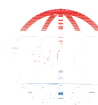
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REVIEW

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WSES consensus conference: Guidelines for first-line management of intra-abdominal infections

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Abstract

Intra-abdominal infections are still associated with high rate of morbidity and mortality.

A multidisciplinary approach to the management of patients with intra-abdominal infections may be an important factor in the quality of care. The presence of a team of health professionals from various disciplines, working in concert, may improve efficiency, outcome, and the cost of care.

A World Society of Emergency Surgery (WSES) Consensus Conference was held in Bologna on July 2010, during the 1st congress of the WSES, involving surgeons, infectious disease specialists, pharmacologists, radiologists and intensivists with the goal of defining recommendations for the early management of intra-abdominal infections.

This document represents the executive summary of the final guidelines approved by the consensus conference.

Introduction

A World Society of Emergency Surgery (WSES) Consensus Conference was held in Bologna on July 2010, during the 1st congress of the WSES, involving surgeons, infectious disease specialists, pharmacologists, radiologists and intensivists with the goal of defining recommendations for the early management of intra-abdominal infections.

Unfortunately, despite tremendous basic and clinical research efforts, mortality from septic shock remains unchanged at greater than 50%.

This document represents the executive summary of the final recommendations approved by the consensus conference. In an effort to improve sepsis-related mortality, several organizations have outlined evidence-based guidelines (EBGs) for the management of severe sepsis and septic shock [6].

The Surgical Infection Society and the Infectious Diseases Society of America have recently generated guidelines for the diagnosis and management of complicated intra-abdominal infections on 2010 [1]. IDSA guidelines represent an important reference for the management of intra-abdominal infections.

In 1992, the American College of Chest Physicians/Society of Critical Care Medicine (ACCP/SCCM) Consensus Committee developed definitions of patients with sepsis and its related disorders [7].

WSES guidelines represent a further contribution on this debated topic by specialists worldwide. The recommendations are formulated and graded according to the universal language for diagnosing and treating sepsis.

Grading of Recommendations Assessment, Development and Evaluation (GRADE) hierarchy of evidence [2,3] is summarized in Table 1.

Principles of sepsis management

Severe sepsis and septic shock are the leading causes of multiple organ failure and mortality in noncoronary intensive care units (ICUs) [4,5].

Unfortunately, despite tremendous basic and clinical research efforts, mortality from septic shock remains unchanged at greater than 50%.

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Physicians have known about the existence of sepsis for centuries. In 1992, the American College of Chest Physicians/Society of Critical Care Medicine (ACCP/SCCM) Consensus Committee developed definitions of patients with sepsis and its related disorders [7].

This Consensus represents the first attempt to create a universal language for diagnosing and treating sepsis.

Sepsis is defined as systemic inflammatory response syndrome (SIRS), resulting from infection.

Identifying patients with severe sepsis early and correcting the underlying microvascular dysfunction may improve patient outcomes. If not corrected, microvascular dysfunction can lead to global tissue hypoxia, direct tissue damage, and ultimately, organ failure.

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